

- 1983–1988. *Birth* 1991; 18 (1): 14–19
6. Stilwell JA: Relative cost of home and hospital confinement. *BMJ* 1979; 2: 257–259
 7. Enkin M, Keirse M, Chalmers I: *A Guide to Effective Care in Pregnancy and Childbirth*, Oxford University Press, Oxford, England, 1989

The fluoride debate

Publication of an article in *CMAJ* is, or should be, a sign that the manuscript has been carefully reviewed. An exception appears to have been made with “Appropriate uses of fluorides for children: guidelines from the Canadian Workshop on the Evaluation of Current Recommendations Concerning Fluorides” (*Can Med Assoc J* 1993; 149: 1787–1793), by Dr. D. Christopher Clark. It was no surprise to read Clark’s contradictions in the journal of the Canadian Dental Association,¹ but it was disturbing to see them repeated in *CMAJ*.

Jill Rafuse’s article “MDs call for more study before endorsing dentists’ new recommendations on fluoride,” on pages 1820 to 1822 of the same issue, was an inadequate attempt to set forth the elements of the dilemma. These are that, first, “one likely cause of dental fluorosis is compliance with fluoride regimens advocated by dental professionals for the prevention of caries”;² and, second, that water-borne fluoride at a level as low as 0.1 mg/L is a known cause of dental fluorosis, a process that new information has shown to be an arrest of enamel maturation whose severity is dose-related.³

Clark presents two new concepts: first, that for the prevention of dental caries topical administration of fluoride after the teeth have erupted is more important than supplementation in infancy so that fluoride is incorporated into the tooth surface, the practice traditionally recommended; and, second, that the primary effect of fluoride is “more therapeutic than preventive.”

One would think that these

ideas, added to the obvious concern over the excessive amounts of fluoride ingested from all sources, would lead Clark to conclude that adding fluoride to drinking water for the avowed purpose of preventing caries in children is no longer appropriate. Instead, he informs us that “water fluoridation continues to have unique advantages.” The source for this conclusion is an unpublished paper by Lewis and Banting.

Clark presents another finding, based on unpublished data, that the average 12-year-old in an area with nonfluoridated water has “about six decayed or filled tooth surfaces.” He proceeds to illustrate how the situation could be improved if supplements were given from birth or from 3 years of age.

Why does *CMAJ* publish nonsense rather than admit that we may have been in error and examine all the published evidence in an unbiased way that reflects the integrity of the medical profession and the precept that in pursuit of our therapeutic efforts we are to do no harm?

Richard G. Foulkes, BA, MD
Abbotsford, BC

References

1. Clark DC: Appropriate use of fluorides in the 1990s. *Can Dent Assoc J* 1993; 59: 272–278
2. Riordan PJ: Perceptions of dental fluorosis. *J Dent Res* 1993; 72: 1268–1274
3. Fejerskov O, Manji F, Baelum V: The nature and mechanisms of dental fluorosis in man. *J Dent Res* 1990; 69 (special issue): 692–700

[*CMAJ responds:*]

When we were considering Dr. Clark’s synopsis of the guidelines, the papers on which the guidelines were based were in press with *Community Dentistry and Oral Epidemiology*. Unfortunately, most of them were not published in that journal until June 1994. The paper referring to the average 12 year old has been accepted for publication in a future issue of the same journal. The fol-

lowing are the full references to the now-published papers.

1. Clark DC: Trends in prevalence of dental fluorosis in North America. *Community Dent Oral Epidemiol* 1994; 22: 148–152
2. Levy SM: Review of fluoride exposures and ingestion. *Community Dent Oral Epidemiol* 1994; 22: 173–180
3. Ismail AI: Fluoride supplements: current effectiveness, side effects and recommendations. *Community Dent Oral Epidemiol* 1994; 22: 164–172
4. Johnston DW: Current status of professionally applied topical fluorides. *Community Dent Oral Epidemiol* 1994; 22: 159–163
5. Lewis DW, Banting DW: Water fluoridation: current effectiveness and dental fluorosis. *Community Dent Oral Epidemiol* 1994; 22: 153–158
6. Limeback H: Enamel formation and the effects of fluoride. *Community Dent Oral Epidemiol* 1994; 22: 144–147
7. Stookey GK: Review of fluorosis risk of self-applied topical fluorides: dentifrices, mouthrinses and gels. *Community Dent Oral Epidemiol* 1994; 22: 181–186

Reverse sexism

I was unpleasantly jarred to find that *CMAJ* allowed one of my female colleagues, Dr. Diana Wyatt, to come across as a sexist bigot in the article “Women show growing preference for treatment by female physicians” (*Can Med Assoc J* 1994; 150: 1466–1467), by Susan Thorne.

I know Wyatt to be a level-headed physician and sense that she is quoted out of context in the following: “[female] doctors . . . are better communicators. We’re socialized to take care of people, and we [communicate] better.” Elsewhere, the quotation that female physicians have superior “people skills” is attributed more generally, but the impression is that Wyatt believes female physicians to have an edge in the practice of medicine.

This kind of edge has been claimed over the ages by practitioners of alternative and peripheral medicine. Until a few decades ago we believed men to have more than an edge and barely allowed women to practise medicine. It seems to me reactionary to reverse our prejudices